



**DISTRICT OF COLUMBIA GOVERNMENT
DC OFFICE OF RISK MANAGEMENT
Tort Liability Division**

Phillip A. Lattimore, III
Chief Risk Officer

**PLEASE PRINT AND COMPLETE THE FOLLOWING QUESTIONS. YOU MAY USE ADDITIONAL
PAGES IF NECESSARY.**

CLAIM AGAINST THE GOVERNMENT OF THE DISTRICT OF COLUMBIA

**VEHICULAR PROPERTY DAMAGE
TYPE OR PRINT ALL INFORMATION CLEARLY**

1- PERSONAL INFORMATION

Last Name of Claimant _____ First Name _____
Address _____ City, State _____ Zip code _____

Date of Birth _____ Social Security # _____ Telephone # _____

Cell # _____ Fax# _____ E-mail Address _____

2- COMPLETE VEHICULAR INFORMATION

Make: _____ Year: _____ Model: _____ Mileage: _____ Color: _____ Plate: _____

3- DRIVER'S INFORMATION

Last Name: _____ First Name _____

Address _____

S.S.# _____ Home phone# _____ Bus. _____

Phone# _____

4-INSURANCE INFORMATION

Name of Carrier: _____

Policy#: _____ Name of Agent: _____

phone# _____

Do you have	<input type="checkbox"/> Yes	Did you report accident	<input type="checkbox"/> Yes	Were you paid?	<input type="checkbox"/> Yes	Amount of
Collision insurance?	<input type="checkbox"/> No	to your insurance company?	<input type="checkbox"/> No		<input type="checkbox"/> No	Deductible?

5-ACCIDENT INFORMATION

Date of Accident: _____

Time: _____

Accident Location: _____

Detailed Description of Accident (use additional sheet if necessary): _____

Did the Police Investigate the Accident? Yes___ No___

6- TOW CLAIMS

Exact Date of Tow: _____

Time: _____

Exact Location Vehicle towed from: _____

7- DC GOVERNMENT VEHICLE INFORMATION

Last Name _____ First Name _____

Title _____

Complete Street Address City Agency Employed By: _____

Bus. Phone# _____ Cell# _____

Type of Vehicle: _____ License Plate#: _____

Towed Away: Yes___ No ___

8- AUTHORIZATION TO INSPECT AND APPRAISE YOUR VEHICLE'S DAMAGE

FULLY COMPLETE AND SIGN THE FOLLOWING AUTHORIZATION TO ALLOW US TO
INSPECT & APPRAISE YOUR VEHICLE.

Make: _____ Year: _____ Model: _____ License

Plate#: _____

V.I.N. Number: _____ Mileage: _____

Location where the vehicle may be seen:

Signature X: _____

9-DESCRIBE DAMAGE TO YOUR VEHICLE

Please also include the following if relevant to your claim:

- 1. Any police or other reports related to the incident**
- 2. Documents showing ownership at the time of the damage and original cost of damaged items**
- 3. Estimates for repairs (include two for vehicular damage) and pictures of the damages**
- 4. Proof of payment for repairs made to the vehicle**
- 5. Medical bills and/or medical reports**
- 6. Photographs of damaged items (if available).**

BY SIGNING THIS DOCUMENT, I ATTEST THE INFORMATION TO BE TRUE TO THE BEST OF MY KNOWLEDGE.

Date: _____ Signature: _____

WARNING: It is a crime to provide false or misleading information to the District Government, or to any department or agency thereof, any claim upon or against the District of Columbia, or any department or agency thereof, knowing such claim to be false, fictitious, or fraudulent. Such an act is subject to imprisonment not more than one year and assessed a fine of not more than \$100,000 for each violation.